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WASHINGTON	I, DC 20001-5303		ſ					((Depositor's name)	
									(Signature)	
									(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	ror	ATTORNE		RNEY DOCKET NO.	NO. CONFIRMATION NO.		
10/658,376 TITLE OF INVENTION	09/10/2003 I: METABOLICALLY E	NGINEERED LACTIC	Dan Nilsson ACID BACTERIA AN	D TI	HEIR USE	1	NILSSON=6B	54	125	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DA	TE DUE	
nonprovisional	NO	\$1440- \$ 1510	\$300		\$0		S 1740 \$-1810	11/	12/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS							
AFREMOVA, VERA 1. Change of correspondence address or indication		1657	435-252900	the patent front page,						
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSI	less an assignee is ident Ih in 37 CFR 3.11. Comp GNEE	A TO BE PRINTED ON ' ified below, no assignee oletion of this form is NO categories (will not be pre-	data will appear on the Ta substitute for filing (B) RESIDENCE: (C	ne pa g an a CITY	tent. If an assign assignment. and STATE OR C	COUNT		_	_	
4a. The following fee(s)	 b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-4035 (enclose an extra copy of this form). 									
a. Applicant claim	itus (from status indicate as SMALL ENTITY stati	as. See 37 CFR 1.27.					ΓΙΤΥ status. See 37 C			
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Authorized Signature	Date 11/10/08									
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an application. Confider submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 22:	ntiality is governed by 35 d application form to the ions for reducing this bu Virginia 22313-1450. DG 313-1450.	CFR 1.311. The informati U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the ONOT SEND FEES OR persons are required to re	1.14. This collection is depending upon the ise Chief Information O COMPLETED FORM	s esti ndivi ffice S TC	imated to take 12 idual case. Any corr, U.S. Patent and DTHIS ADDRESS	minutes omment Traden S. SENI	s to complete, includir is on the amount of the nark Office, U.S. Dep D TO: Commissioner	ng gathering, me you requestment of C for Patents,	PTO to process), preparing, and ire to complete commerce, P.O. P.O. Box 1450,	